U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Sean Campbell	Name Local 813 I.B.T.		
	Labor Organization File Number 036-119		
P.O. Box, Bldg., Room No., if any C/O Local 813 T B The second	P.O. Box, Building and Room Number, if any Suite 600		
P.O. Box, Bidg., Room No., If any C/O Local 813 I.B.T.	Suite 5000		
Street 45-18 Court Square, Suite 600	Street 45-18 Court Square		
City Long Island City	City Long Island City		
State New York ZIP Code + 4 11101-4347	State ZIP Code + 4 11101-4347		
5. Position in labor organization. Recording Secretary			
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Alan Lapbell	On <b>8/5/05</b> 718-937-7010 Telephone Number		
Form I M 20 (2002)			

Name of Person Filing Sean Campbell	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activally any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Local 813/1034 Severance&Retirement Tr. Fund	9. Business deals with:
Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 600	a. Labor Organization b. Trust
Street 45-18 Court Square	c. Employer
City Long Island City  State New York ZIP Code + 4 11101-4347	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Related Local 813/1034 Severance & Retirement Trust Fund
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Street	
	11.b. Approximate dollar value of such dealing. \$2,604,616
City	12.a. Nature of interest held or income received.
State    ZIP Code + 4	Attended Trustee Meeting - Parking Expense
	12.b. Amount. \$28
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
State ZIP Code + 4	
	14.b. Amount of payment.

Name of Person Filing Sean Campbell	File Number U-
The of Person Filing Sean Campbell	File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local 813/1034 Severance&Retirement Tr. Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 600  Street 45-18 Court Square  City Long Island City  State New York  ZIP Code + 4 11101-4347	a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	Related Local 813/1034 Severance & Fund  11.b. Approximate dollar value of such dealing.	\$2,604,616
\$20 CHEEN CHEEN CHEEN CHEEN AND AND AND AND AND AND AND AND AND AN	12.a. Nature of interest held or income received.	
	Attended Segal Advisor Puerto Rico E Conference	3ducational
	12.b. Amount.	\$2,869

Name of Person Filing Sean Campbell	File Number <b>U-</b>
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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local 813/1034 Severance&Retirement Tr. Fund	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any Suite 600	b. Trust	
Street 45-18 Court Square	c. Employer	
City Long Island City		
State New York ZIP Code + 4 11101-4347		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
	Related Local 813/1034 Severance & Fund	Retirement Trust
Trade Name, if any:		To the second se
P.O. Box, Bldg., Room No., if any		
Street		· · · · · · · · · · · · · · · · · · ·
City		
		Annual Control of the
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$2,604,616
	12.a. Nature of interest held or income received.	economic a reconomic con contrata anno de reconomica de contrata de contrata de contrata de contrata de contra
	Attended Trustee Meeting - Parking Reimbursement	Expense
		-
		and an artist of the second
		No.
		annivarious proprieta
	12.b. Amount.	\$29

Name of Person Filing Sea:	n Campbell	File Number <b>U-</b>
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## Part B Continuation Page

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8. Name and address of Business (including trade name, if any).  Name Local 813/1034 Severance&Retirement Tr. Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 600  Street 45-18 Court Square	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
City Long Island City  State New York ZIP Code + 4 11101-4347		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.  Related Local 813/1034 Severance & Retirement Tru Fund	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$2,604,616
	12.a. Nature of interest held or income received.	enter constant en constant
	Attended Local 813/1034 Severance Trust Fund 2004 Christmas Party	& Retirement
	12.b. Amount.	\$87